

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 134687NV (MHM 15085US01)

First Inventor Peterson

Title System and Method for Determining the Position of a Flexible Instrument Used in a Tracking System

Express Mail Label No. EL 849 001 290 US

U.S. PTO
22410/66825
09/12/03

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 20] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure 	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)</p> <ol style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS	
<p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]</p> <p>5. Oath or Declaration [Total Sheets 2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (<i>when there is an assignee</i>)</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.:

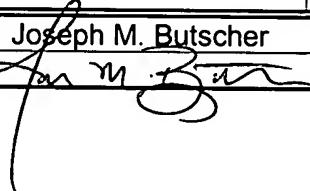
Prior application information:

Examiner: _____

Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	23446	OR <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax
Name (Print/type)	Joseph M. Butscher	
Signature		
	Date	9/12/03



PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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FEE TRANSMITTAL for FY 2003

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$790)	Attorney Docket No.	134687NV (MHM 15085US01)
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METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																															
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Deposit Account Number 50-2403 </div> <div style="border: 1px solid black; padding: 5px;"> Deposit Account Name GEMS </div> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee Code (\$)</th> <th style="text-align: left;">Small Entity Fee Code (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td style="text-align: right;">65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td style="text-align: right;">25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td style="text-align: right;">130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td style="text-align: right;">2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td style="text-align: right;">920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td style="text-align: right;">1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td style="text-align: right;">55</td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td style="text-align: right;">205</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td style="text-align: right;">465</td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td style="text-align: right;">725</td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td style="text-align: right;">985</td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td style="text-align: right;">160</td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td style="text-align: right;">160</td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td style="text-align: right;">140</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td style="text-align: right;">1510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td style="text-align: right;">55</td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td style="text-align: right;">650</td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td style="text-align: right;">650</td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td style="text-align: right;">235</td></tr> <tr><td>1503</td><td>610</td><td>2503</td><td style="text-align: right;">315</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td style="text-align: right;">130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td style="text-align: right;">50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td style="text-align: right;">180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td style="text-align: right;">40</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td style="text-align: right;">375</td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td style="text-align: right;">375</td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td style="text-align: right;">375</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td style="text-align: right;">900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4" style="text-align: right;">SUBTOTAL (3) (\$40)</td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	410	2252	205	1253	930	2253	465	1254	1,450	2254	725	1255	1,970	2255	985	1401	320	2401	160	1402	320	2402	160	1403	280	2403	140	1451	1,510	1451	1510	1452	110	2452	55	1453	1,300	2453	650	1501	1,300	2501	650	1502	470	2502	235	1503	610	2503	315	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	750	2809	375	1810	750	2810	375	1801	750	2801	375	1802	900	1802	900	Other fee (specify) _____				SUBTOTAL (3) (\$40)			
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SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Joseph M Butscher		Registration No. (Attorney or Agent)	48,326	Telephone	(312)775-8000
Signature				Date	9/12/03	

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